

Work Order ID 92599

November-01-12 2:26:53 PM

Item ID: 647.1610

Revision ID:

Item Name: Wiper Deflector, Fwd

Start Date: 01/11/2012 Start Qty: 6.00

Required Date: 15/11/2012 Req'd Qty: 6.00

Reference:

Approvals: Process Plan: ML5

Date: 12-11-01 Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Setup Start \*NS1\*

QC: \_\_\_\_\_

Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop \*NS2\*

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

Draw Nbr	Revision Nbr
647.7300	N/C

100

\*100\*

Bandsaw

Jeaspa Bandsaw

BAND SAW

99 Memo

Cut Blank at 6.750"

0.00

onf 12/11/07

8

DAS

14

9-89

DAS

08

9-89

PTO-S

110

\*110\*

HAAS 1

HAAS CNC vertical machine #1

HAAS CNC VERTICAL MACHINING #1

Memo

1-Machine per folio FB143

DWG REV: N/C

FOLIO REV: AA

0.00

B.A 12/11/09

8 2

0.00

onf 12/11/10

2- deburr and break all sharp edges

NCR:  Yes /  No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA *John* Date:

13/11/17

QA Closed:  Date:

Work Order: <u>95299</u>	DISPOSITION	AGAINST DEPARTMENT/PROCESS					
Part No. <u>647.1610</u>	Rework	Skid-tube	Crosstube	Water Jet	Engineering		
	Scrap	Machining	Small Fab	Prod. Eng. Coor.	Quality		
NCR No. <u>13-2221</u>	Use-as-is	Thermoforming	Finishing	Rec/Store/Packaging	Other		
	Work Order Update	Large Fab	Composite	Supplier			

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data	<i>X</i>			→ The (2) Ø.406" counterbores are Ø.471". in the program	DAS 16 0-8	→ changes have been done in program	<i>John</i> 12/11/09	DAS 14 9-89	<i>John</i> 12/11/12
Equip/Tooling				→ We analysed the dimension on the wireframe and it was Ø.471 but Ø.406 on the drawing.	AS2042 12/11/12	→ Scrap and replace			
Operator				→ 1 part scrap					
Material				RC wireframe not updated					
Setup	12/11/09	110	1						
Other									
Process									
Supplier									
Training									
Unapproved									

## FAULT CATEGORY

Landing Gear	General				
Bending	Bend			Ovalized	Pressure/Forced
Centre Not Concentric to O/S	BOM/Route			Over/Under tolerance	Temperature/Cure
Cracks	Broken/Damaged			Part Incorrect	Weld
Crushed/Crimped.	Burrs			Part Lost/Missing	Wrong Stock Pulled
Cuffs	Contamination			Part Moved	
Heat Treat	Countersink			Positioned Wrong	
Inspection Strip in Tube	Cut Too Short			Power Loss/Surge	
Ripples in Bend	Drill Holes			<i>Program</i>	
Torque Waves in Extrusion	Drawing				
Turning Sequence	Finish				
Wave/Twist in Tube	Folio				

Work Order ID 92599

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\*92599\*

Page 2

Item ID: 647.1610

Accept

\*N900040100\*

Setup Start

\*NS1\*

Revision ID:

Item Name: Wiper Deflector, Fwd

Start Date: 01/11/2012 Start Qty: 6.00

\*6\*

Cust Item ID:

Required Date: 15/11/2012 Req'd Qty: 6.00

\*6\*

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run Start

\*NR1\*

QC:

Date:

SPC (Y/N):

Date:

Stop

\*NR2\*

Sequence ID/  
Work Center ID

120

\*120\*

QC

Quality Control

Operation  
Description

QC2- Inspect parts off machine FAI/FAIB

Set Up/  
Run Hours

0.00

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

DAS  
8 08  
9-89

DAS  
14 08  
9-89 8-89

Be 12/11/09  
on 12/11/10

130

\*130\*

QC

Quality Control

QC8- Inspect parts - second check

0.00

DAS  
25  
9-89) 12-11-15

8

Pro

131

\*131\*

HandFinish

Hand Finishing

Memo

0.00

0.00

CLEAN AND REMOVE ALL PART MARKING

7 12/11/16

NCR:  Yes /  No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: <u>92599</u>	DISPOSITION	AGAINST DEPARTMENT/PROCESS				
Part No. <u>647.1610</u>	Rework <input type="checkbox"/> Scrap <input checked="" type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input checked="" type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>	
NCR No. _____						

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator	<u>12/11/10</u>	110	1	the measure for the hole are off by .100"	<u>DAS 15</u> 6/2012 12/11/12	scrap and destroy replace B 123418	<u>DAS 14</u> 9-29-10 12/11/10		
Material				R.L. forgot to move the half of edge finders.					
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY									
Landing Gear			General						
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Ovalized	<input type="checkbox"/> Pressure/Forced						
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Over/Under tolerance	<input type="checkbox"/> Temperature/Cure						
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Part Incorrect	<input type="checkbox"/> Weld						
<input type="checkbox"/> Crushed/Crimped.	<input type="checkbox"/> Burrs	<input type="checkbox"/> Part Lost/Missing	<input type="checkbox"/> Wrong Stock Pulled						
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Part Moved							
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Positioned Wrong							
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Power Loss/Surge	<input checked="" type="checkbox"/> Other						
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<u>MISREAD set up instruc</u>							
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing								
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish								
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio								

Work Order ID 92599

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\*92599\*

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Item ID: 647.1610

Accept

\*N900040100\*

Setup Start

\*NS1\*

Revision ID:

Item Name: Wiper Deflector, Fwd

Start Date: 01/11/2012 Start Qty: 6.00

\*6\*

Cust Item ID:

Required Date: 15/11/2012 Req'd Qty: 6.00

\*6\*

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run Start

\*NR1\*

QC:

Date:

SPC (Y/N):

Date:

Stop

\*NR2\*

Sequence ID/  
Work Center ID

140

\*140\*

Outsource4

Outsource process - Anodize

Operation  
Description

Outsource process-Anodize per QSI017 4.1.10.1

Set Up/  
Run Hours

0.00

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

12-11-26

150

\*150\*

Packaging

Packaging

Receive & Inspect for Damage & Mat'l Certs

0.00

Memo

Issue P/O: 92599  
Black Anodize as per Dwg 647.1610

10/14/12 18 (8)

155

\*155\*

QC

Quality Control

QC5- Inspect part completeness to step on W/O

0.00

Memo

0.00

8

DAS  
05  
8-83

13-01-06

NCR: Yes / No

DQA: Date:

## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS									
			Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>								
Part No. _____															
NCR No. _____															
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector						
Doc/Data															
Equip/Tooling															
Operator															
Material															
Setup															
Other															
Process															
Supplier															
Training															
Unapproved															
FAULT CATEGORY															
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio		<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled			
														<input type="checkbox"/> Other	

Work Order ID 92599

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Item ID: 647.1610

Accept

\*N900040100\*

Setup Start

\*NS1\*

Revision ID:

Item Name: Wiper Deflector, Fwd

Start Date: 01/11/2012 Start Qty: 6.00

\*6\*

Cust Item ID:

Required Date: 15/11/2012 Req'd Qty: 6.00

\*6\*

Customer:

Reference:

Approvals:	Process Plan:	Date:	Tooling:	Date:	Run	Start	*NR1*
	QC:	Date:	SPC (Y/N):	Date:		Stop	*NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
160	Spray Painting per QSI005 4.2	0.00							

\*160\*

SprayPaint

Spray Painting

Memo

PRIME AS PER DWG, SEE NOTE #3

BATCH: 123693

170

QC14- Inspect Spray Paint

0.00

\*170\*

QC

Quality Control

Memo

0.00

8 0 0 13-1-9

DAS  
05  
9-89 13-01-10

180

Identify as per dwg & Stock Location: S1430 0.00

\*180\*

Packaging

Packaging

Memo

0.00

\*\*\*IDENTIFY AS PER APICAL MPP-120 BY STAMPING P# AND REV\*\*\*

8k 13-01-14

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: Date:

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>				
Part No. _____											
NCR No. _____											
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
Bending Centre Not Concentric to O/S Cracks Crushed/Crimped. Cuffs Heat Treat Inspection Strip in Tube Ripples in Bend Torque Waves in Extrusion Turning Sequence Wave/Twist in Tube				Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions <input type="checkbox"/>							
				Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/>							
				Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/>							
				Other <input type="checkbox"/>							

Work Order ID 92599

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\*92599\*

Page 5

Item ID: 647.1610

Accept

\*N900040100\*

Setup

Start

\*NS1\*

Revision ID:

Item Name: Wiper Deflector, Fwd

Stop

\*NS2\*

Start Date: 01/11/2012 Start Qty: 6.00 \*6\*

Cust Item ID:

Required Date: 15/11/2012 Req'd Qty: 6.00 \*6\*

Customer:

Reference:

Approvals:	Process Plan:	Date:	Tooling:	Date:	Run	Start	*NR1*
	QC:	Date:	SPC (Y/N):	Date:		Stop	*NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
190 <b>*190*</b> QC Quality Control	QC21- Final Inspection - Work Order Release Memo	0.00 0.00							13/11/15 HJ

PL 13-01-14

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: Date:

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS					
				Rework Scrap Use-as-is Work Order Update	Skid-tube Machining Thermoforming Large Fab	Crosstube Small Fab Finishing Composite	Water Jet Prod. Eng. Coor. Rec/Store/Packaging Supplier	Engineering Quality Other			
Root Cause		Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear Bending Centre Not Concentric to O/S Cracks Crushed/Crimped. Cuffs Heat Treat Inspection Strip in Tube Ripples in Bend Torque Waves in Extrusion Turning Sequence Wave/Twist in Tube				General Bend BOM/Route Broken/Damaged Burrs Contamination Countersink Cut Too Short Drill Holes Drawing Finish Folio		Grain Hardware Inspection Incomplete Instructions Incomplete/Unclear Maintenance Mislabeled Misread Offset Out of Calibration Out of Sequence Outside Dimensions		Ovalized Over/Under tolerance Part Incorrect Part Lost/Missing Part Moved Positioned Wrong Power Loss/Surge		Pressure/Forced Temperature/Cure Weld Wrong Stock Pulled Other	

# Picklist Print

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Page 1

Work Order ID: 92599

\*92599\*

Parent Item: 647.1610

\*647 1610\*

Parent Item Name: Wiper Deflector, Fwd

Start Date: 01/11/2012

Required Date: 15/11/2012

Start Qty: 6.00

Required Qty: 6.00

Comments: IPP REV:A NEW ISSUE 12/11/01 JFS VERIFY BY: JLM

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M7075T6B1.750X02.250		Purchased	No			100	f	8.0800	0.563	3.555789			

\*M7075T6B1 750X02 250\*

7075-T6 BAR 1.750" X 2.250"

\*\*

Location	Loc Qty	Loc Code
MAT008	8.08	
123418	8.08	

4.73 01/11/07

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS											
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>										
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>										
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>										
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>											
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector						
Doc/Data																	
Equip/Tooling																	
Operator																	
Material																	
Setup																	
Other																	
Process																	
Supplier																	
Training																	
Unapproved																	
FAULT CATEGORY																	
Landing Gear				General													
<input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions								<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Other				<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled	

DART AEROSPACE LTD	Work Order:	92599
Description: WIPER DEFLECTOR, FUD	Part Number:	647.1610
Inspection Dwg: 647.1600 Rev: N/C		Page 1 of 1

### FIRST ARTICLE INSPECTION CHECKLIST

Drawing Dimension	Tolerance	Actual Dimension	Accept	Reject	Method of Inspection	Comments
2.00	+/- .010	1.999	✓		Vern	GA-01
2.02	+/- .010	2.026	✓		H-G	31006
R 0.20	+/- .010	R 0.190	✓		R-G	ref.
0.28	+/- .010	0.276	✓		Vern	GA-01
0.86	+/- .010	0.858	✓		H-G	31006
0.44	+/- .010	0.440	✓		Vern	GA-01
0.72	+/- .010	0.720	✓		H-G	31006
4.77	+/- .010	4.767	✓		"	
1.14	+/- .010	1.140	✓		"	
0.86	+/- .010	0.859	✓		"	
0.40	+/- .010	0.400	✓		"	
1.20	+/- .010	1.200	✓		"	
136°	+/- .5°	136°	✓		C-square	ML-CBB
6.46	+/- .010	6.457	✓		H-G	31006
3.85	+/- .010	3.850	✓		"	
0.63	+/- .010	0.630	✓		"	
0.94	+/- .010	0.943	✓		"	
1.145	+/- .005	1.140	✓		"	
0.25	+/- .010	0.251	✓		Mic (CNC)	118-120
20°	+/- .5°	20°	✓		C-square	
Ø 0.25	+/- .010	Ø 0.250	✓		R-G	ref.
Ø 0.50	+/- .010	Ø 0.500	✓		"	"
40.7°	+/- .5°	40.7°	✓		C-square	ML-CBB

Measured by:	08 9-09	Audited by:	25 9-09	Preliminary Approval:	
Date:	12/11/09	Date:	12/11/15	Date:	

Rev	Date	Change	Revised by	Approved
E	10.04.14	Added preliminary approval	KJ	

10.04.15

<b>DART AEROSPACE LTD</b>	<b>Work Order:</b>	92599
<b>Description:</b> WIPER DEFLECTOR, FWD	<b>Part Number:</b>	647.16010
<b>Inspection Dwg:</b> (647.1600) <b>Rev:</b> N/C		<b>Page 1 of 1</b>

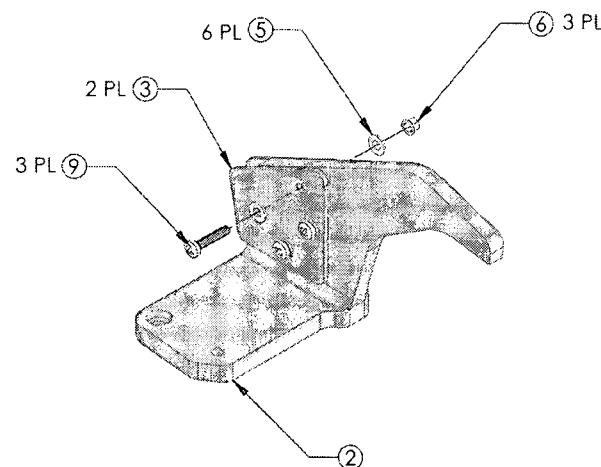
## FIRST ARTICLE INSPECTION CHECKLIST

Measured by:	DAS 08 0-89	Audited by:		Preliminary Approval:	
Date:	12/11/09	Date:		Date:	

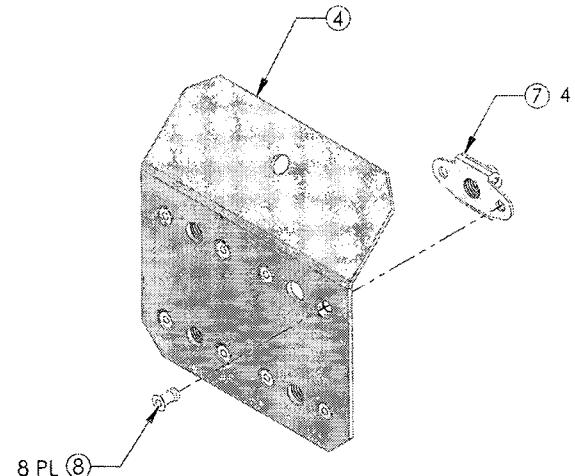
Rev	Date	Change	Revised by	Approved
E	10.04.14	Added preliminary approval	KJ	

## NOTES:

1. MATERIAL: ALUMINUM 7075-T651 AMS-QQ-A-250/12  
 2. MATERIAL: ALUMINUM 2024-T3 PER AMS QQ-A-250/4  
 3. FINISH: HARD ANODIZE IAW MIL-A-8625 TYPE III,  
 CLASS 2, COLOR BLACK:  
 CARDINAL 4860.50 PRETREATMENT PRIMER  
 PRIME IAW MIL-P 23377J TYPE I CLASS N  
 4. DEBURR AND BREAK ALL SHARP EDGES  
 5. IDENTIFY IAW MPP-120



647.1601 SHOWN EXPLODED



647.1602 SHOWN EXPLODED

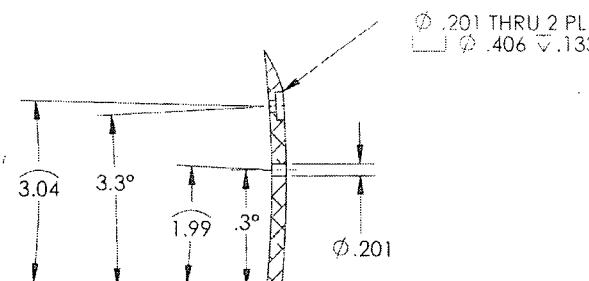
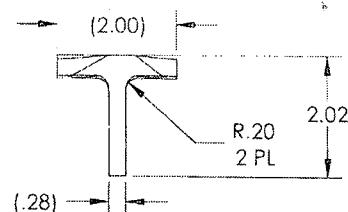
SHOP COPY  
 RETURN TO  
 ENGINEERING  
 UNCONTROLLED COPY  
 SUBJECT TO AMENDMENT  
 WITHOUT NOTICE  
 WORK ORDER

NO. 92599 MC5  
 12-11-01

QTY	3	9	601.2989	SCREW	6427039-0612		
QTY	8	8	601.2980	NUTPLATE RIVET	6426455-3-04		
QTY	4	7	601.1900	NUTPLATE	64521059-3		
QTY	3	6	601.2973	LOCKNUT	44521042-05		
QTY	6	5	601.2764	WASHER	NAS1149H432B1		
QTY	1	4	647.1613	DOUBLER			
QTY	2	3	647.1612	SPICE PLATE			
QTY	1	2	647.1611	WIPER DEFLECTOR, AFT			
QTY		1	647.1610	WIPER DEFLECTOR, FWD			
QTY	X		647.1602	DOUBLER ASSY			
QTY	X		647.1601	WIPER DEFLECTOR ASSY, AFT			
QTY	1602	1601	FIND #	PART #	DESCRIPTION	MATL	SPEC.
PARTS LIST							
NEXT ASSY (S) 647.1300 DRAWN BY: J. CHIEFFER APPROVED: P. BAKER-15 APPROVAL: CONTRACTOR: BUSINESS NAME: APICAL INDUSTRIES ADDRESS: 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760)724-5300 WIPER DEFLECTOR ASSY DIMENSIONS ARE IN INCHES 1 PLACE DECIMALS 1.01 2 PLACE DECIMALS 1.001 3 PLACE DECIMALS 1.0001 ANGLES IN DEGREES CAGE CODE: 647-0000 DSC: 647.1600 N/C SCALE: NONE SHEET: 1 OF 6							

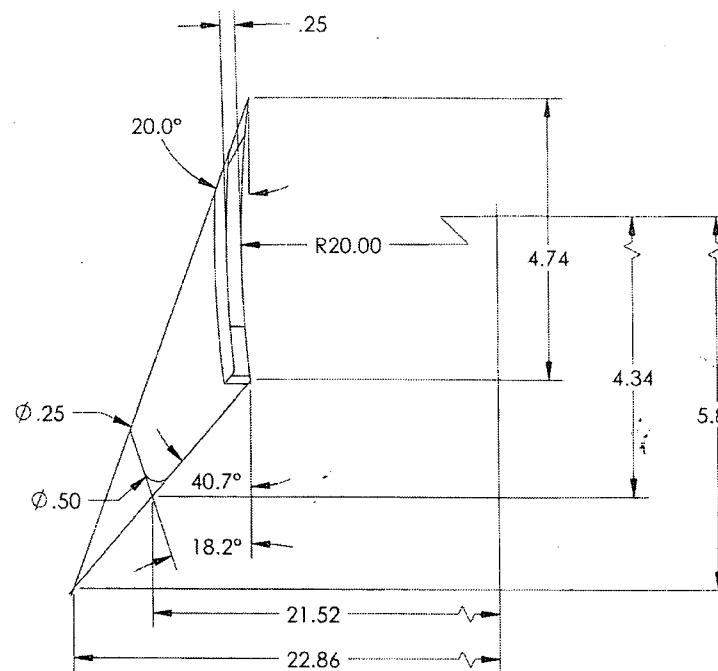
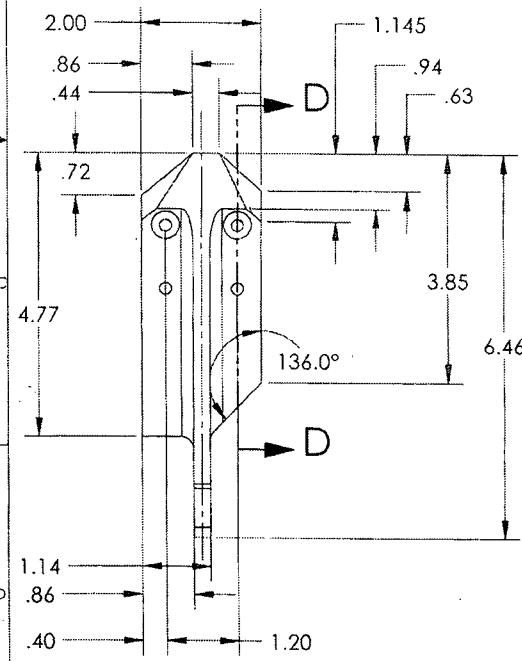
APICAL INDUSTRIES  
2602 TEMPLE HEIGHTS DR.  
OCEANSIDE, CA 92056-3512 (760)724-5300

92599



SECTION D-D

647.1610



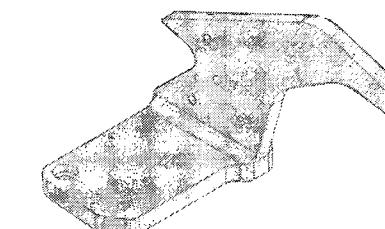
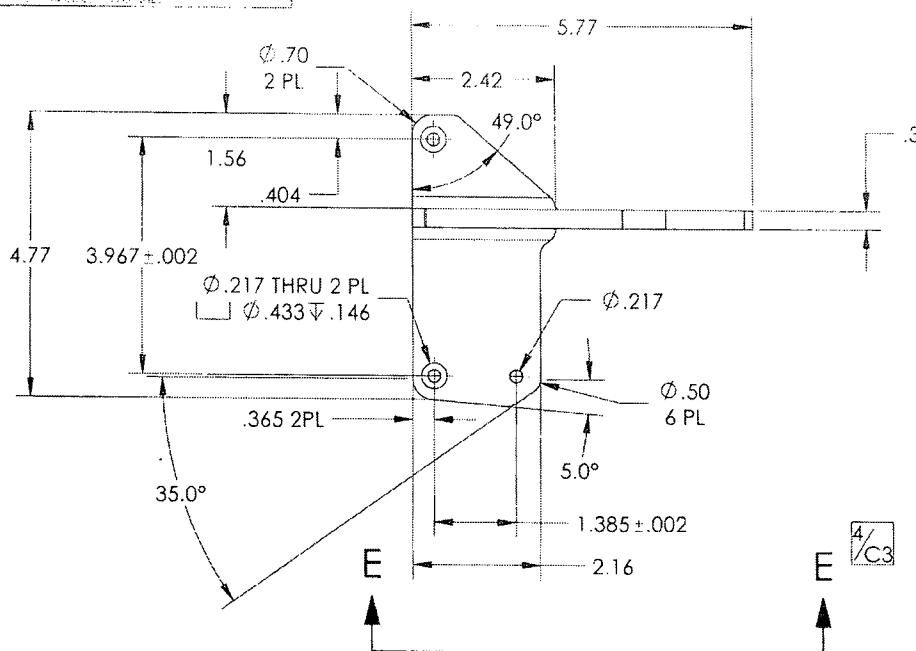
ORIGINAL DATE 06-19-05	DESIGNER J. COOPER	REVIEWER P. BRAVO
DRAWING APPROVED P. BRAVO		
COMPLIANCE		
UNLESS OTHERWISE SPECIFIED ALL DIMENSIONS ARE IN INCHES COLON (:) SEPARATES PLACE DECIMAL: ±0.1 ANGLE: ±5°		
SCALE: NONE	DATE CODE: D/W/C E 07/12/05	REV: N/C 647.1600 SHEET 2 OF 6

APICAL INDUSTRIES

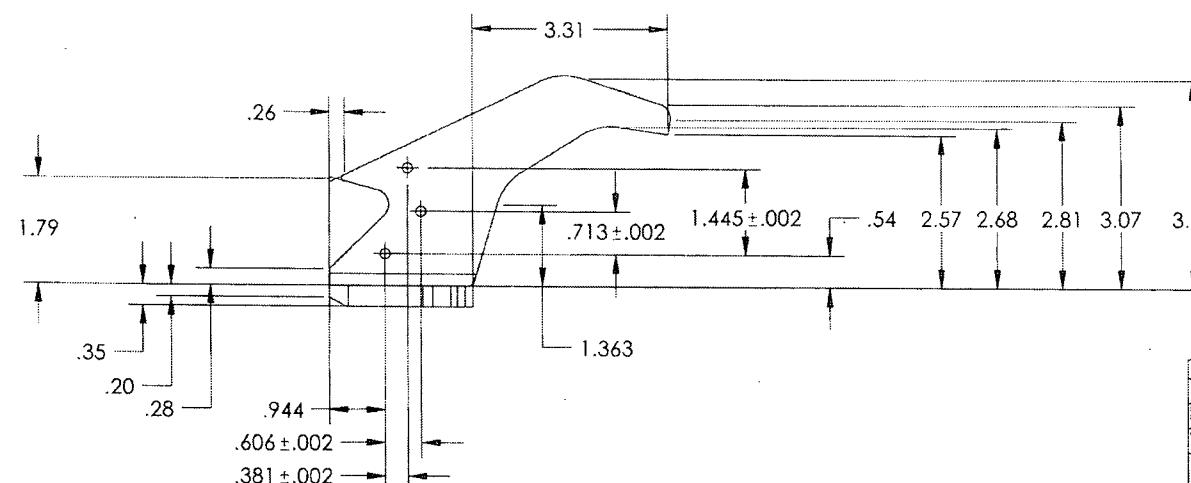
2602 TEMPLE HEIGHTS DR.  
OCEANSIDE, CA 92056-3512 (760)724-5300

WIPER DEFLECTOR ASSY

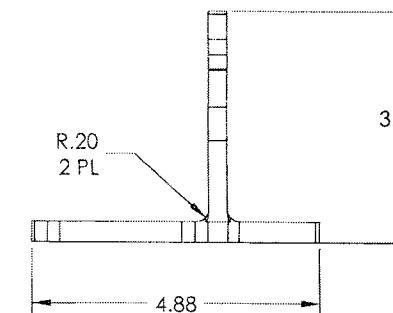
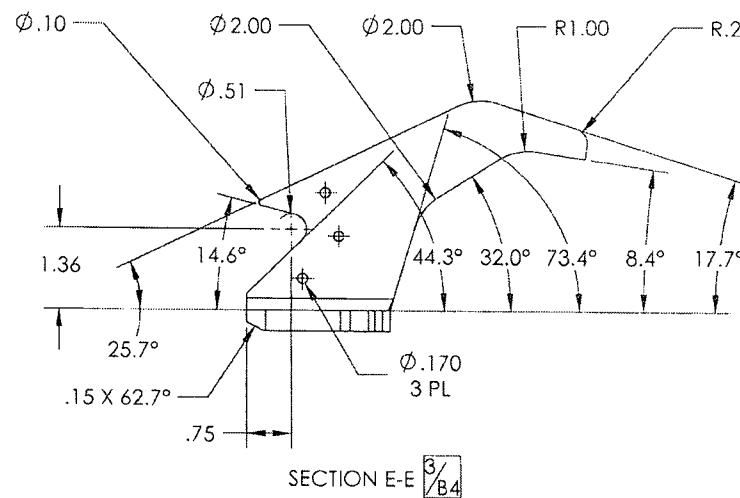
92599



647.16



92594



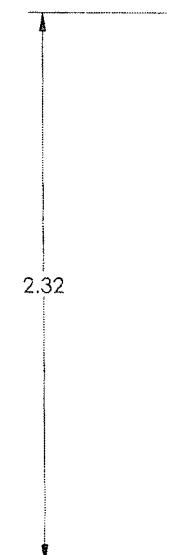
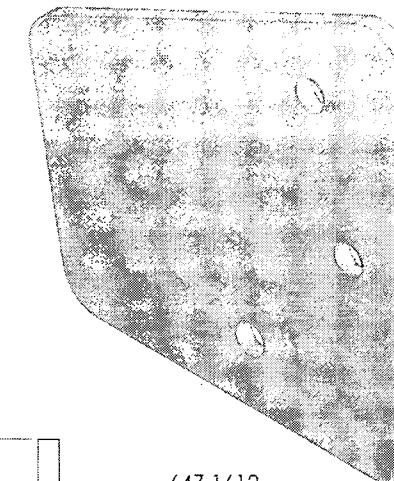
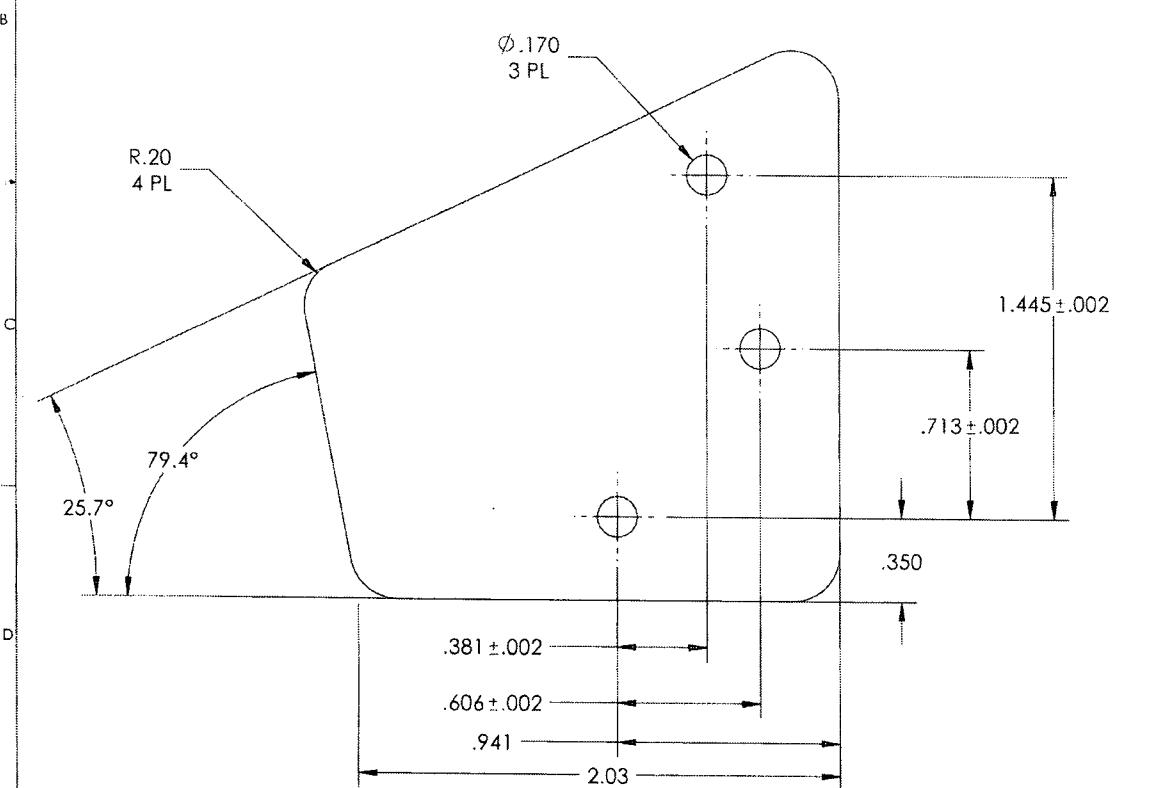
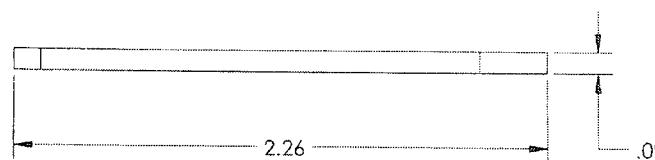
DR-2004-047	6/10/07	APICAL INDUSTRIES
DRAWN BY	checked	2608 TEMPLE HEIGHTS DR.
J. GARDNER	P. PRINC.	OCEANSIDE, CA. 92056-3512 (760)724-5300
DRAWING APPROVAL		
S. BAKER		
CONTRACT NO.		
UNLESS OTHERWISE SPECIFIED CONVENTIONAL A.S.T.M. INCHES TOLERANCES: ± .005 ± .010 ± .015 ± .020 ± .030		
SIZE	1/4" C.D. 0.000	REV.
8	07MZ6	N/C
SCALE: NONE		1 SHEET 4 OF 6

WIPER DEFLECTOR ASSY

647.1600

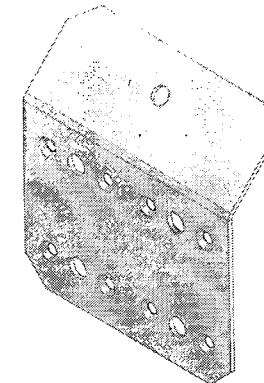
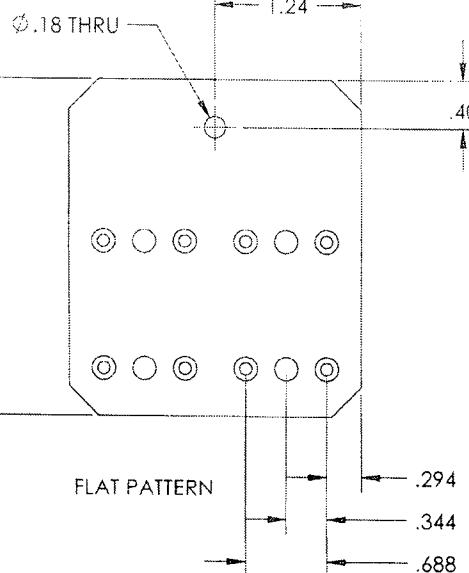
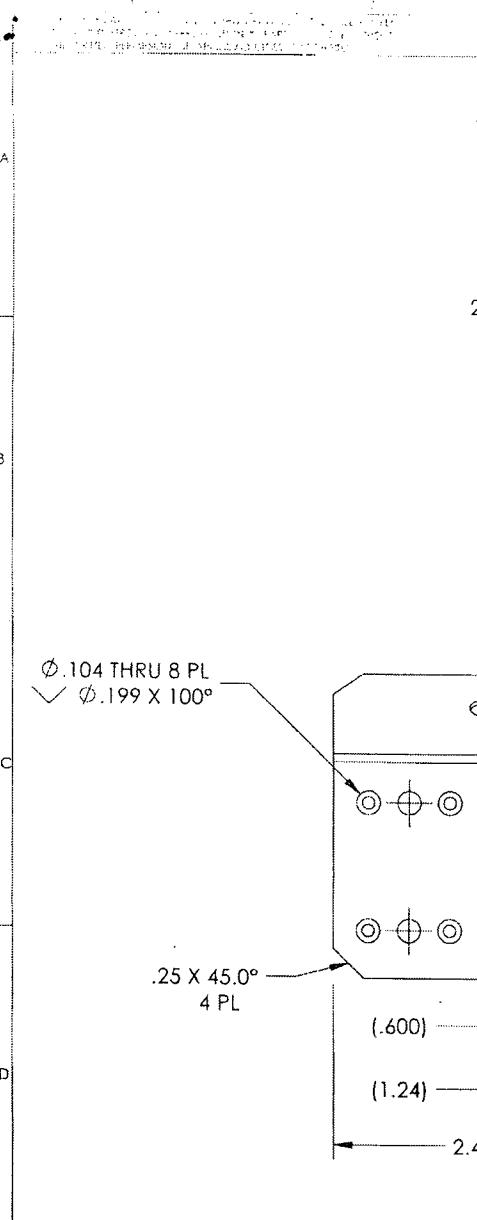
92599

APICAL INDUSTRIES  
2608 TEMPLE HEIGHTS DR.  
OCEANSIDE, CA. 92056-3512 (760)724-5300



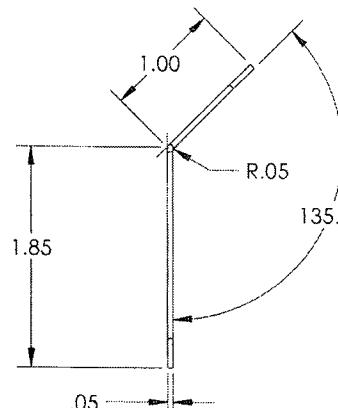
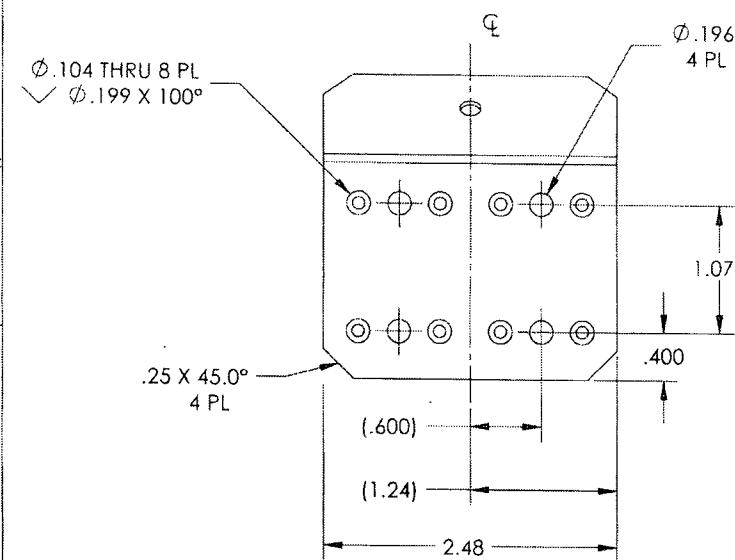
647.1612

ORIGINAL DATE 10-02-00	APICAL INDUSTRIES
DRAWN BY: CHEESEF	2608 TEMPLE HEIGHTS DR.
CHIEF ENGINEER: P. REED	OCEANSIDE, CA. 92056-3512 (760)724-5300
DRAWING APPROVED:	
PRINTED BY: P. REED	
CONTRACTING:	
UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES TOLERANCES ARE IN INCHES 1 PLACE DECIMALS +0-.01 2 PLACES DECIMALS +0-.005 ANGLES +0°	
REV: B DATE: 02/02/00 BAG: 647.1600	WIPER DEFLECTOR ASSY
SCALE: NONE	REV: N/C
SHEET 5 OF 6	



647.1613

925<sup>er</sup>



ORIGINAL DATE 03-02-05 DRAWN BY J. CARPENTER REVIEWED BY J. BRAVO DRAWING APPROVAL J. BRAVO COMPUTERED	APICAL INDUSTRIES 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760)724-5300
WIPER DEFLECTOR ASSY	REV. B 07/16/05 647.1600 N/C
SCALE: NONE	Sheet 6 of 6



A.T.G. Industries Inc.  
731, rue Industrielle Rd.  
PLATING DEPARTMENT  
Rockland, On K4K 1T2  
Canada  
Ph: (613) 446-4544  
Fax: (613) 446-4556

### Pack List

Number: 62107

Date: 12-Dec-12

#### To

DART AEROSPACE LTD.  
1270 ABERDEEN ST.  
HAWKESBURY, ON K6A 1K7  
Canada

#### Ship To

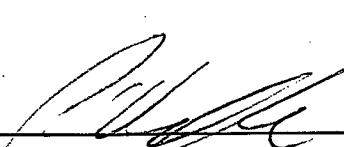
DART AEROSPACE LTD.  
1270 ABERDEEN ST.  
HAWKESBURY, ON K6A 1K7  
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

Terms		Ship Via
Quantity	Description	Rev:
1	Part: ASST	
lot:	8 PCS 647.1610	
	5 PCS 647.1612	
	2 PCS 647.1713	
	6 PCS 647.1811	
	1 PC 647.1816	
	1 PC 647.1817	
	8 PCS 647.1818	
	11 PCS 646.3210	
	20 PCS 646.3313	
	10 PCS 646.3717	
	20 PCS 646.3717	
	16 PCS 647.4610	
	10 PCS 649.4811	
	10 PCS 649.4812	
	24 PCS 649.4814	
	30 PCS 649.4815	
	6 PCS 647.7913	
	3 PCS 647.7919	
	10 PCS 647.9010	
	10 PCS 647.9011	
	15 PCS 647.9012	
	40 PCS 647.9013	
	60 PCS 646.9710	
	HARD ANODIZE BLACK	
	MIL-A-8625 TYPE III CLASS 2	
	Job: 20120768	PO: PO18506
		Line:
	Certificate of Conformance	
	A.T.G. Industries certifies that all items in this shipment are in conformance with all requirements, specifications and drawings referenced in the purchase order.	
	ISO 9001 : 2008 REGISTERED ATG SALES-2010 TERMS APPLY	
DATE:	12/12/12	



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PLATING DEPARTMENT  
Rockland, On K4K 1T2  
Canada  
Ph: (613) 446-4544  
Fax: (613) 446-4556

### Pack List

Number: 62107

Date: 12-Dec-12

To

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1270 ABERDEEN ST.  
HAWKESBURY, ON K6A 1K7  
Canada

Ship To

DART AEROSPACE LTD  
1270 ABERDEEN ST.  
HAWKESBURY, ON K6A 1K7  
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

Terms	Ship Via
Quantity	Description
	CERTIFIED SIGNATURE: <u>Mr</u> RECEIVER SIGNATURE: <u>P. C. Taylor</u>